

**Justification for Acquisition and Use of Broadband Device
Request Form**

USER INFORMATION

Name: _____ Position Title & Grade: _____

Bldg/Room #: _____ Department/Branch or Section: _____

Office Phone Number: _____

DEVICE INFORMATION

<input type="checkbox"/> New Request USB Broadband Device <input type="checkbox"/> MiFi (HotSpot Device) <input type="checkbox"/> iPad 3G/4G Cellular Activation* <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> T-Mobile Provide SIMM Card Number* <small>*GO TO SETTINGS – GENERAL-ABOUT AND SCROLL TO ICCID</small>	<input type="checkbox"/> Renewal/Replacement Time frame for anticipated use: <input type="checkbox"/> Indefinite <input type="checkbox"/> Loaner for Travel <input type="checkbox"/> International Service <input type="checkbox"/> Other (<i>specify</i>): _____
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USER JUSTIFICATION: I am submitting this request because my job responsibilities require me to (check all that apply):

- ☐ Have constant access to data sources, network resources and/or other systems to conduct official Government business when I am routinely out of the office (e.g. telecommuting, attending meetings, serving customers and patients, traveling, etc.)
 - ☐ Provide technical assistance to customers and be immediately available to receive their requests
 - ☐ Engage in extended communications and/or monitor projects to support the mission-related activities beyond the standard work day/work place
 - ☐ Have a back-up communication resource to use in the event of network disruptions that could negatively impact operations
 - ☐ Have access to vital and frequently automated information when there is no other immediate means to do so
- Other (please specify): _____

****EXCEPTION JUSTIFICATION**

SIGNATURES

Signature _____

Date: _____

Immediate Supervisor _____

Date _____

Department Head _____

Date: _____

DECISION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Comments: _____

Chief Information Officer

Date

Broadband Employee Certification Letter

Agreement:

- I will complete the Information Security Awareness Course on an annual basis. The Security Awareness Training website is at <http://irtsectraining.nih.gov>.
- I will use my broadband device for business purposes and in accordance with the Limited Authorized Personal Use of NIH Information Technology (IT) Resources Policy (<http://www3.od.nih.gov/oma/manualchapters/management/2806/>). I understand the DCRI AO officer will review my monthly bills and verify all use was made in accordance with guidelines set out in this and other NIH policies regarding personal use of authorized IT services. I understand that I am responsible for reimbursing the Government for unauthorized use and/or unauthorized charges. *NOTE: Most cellular providers are no longer offering unlimited data plans for their Broadband service. The monthly fee includes up to 5 GB of data activity. After the 5GB cap has been reached the fee is \$ 10 per MB which is roughly 10 minutes online viewing web pages or checking email. International roaming service is capped at 100MB and fees are based on the negotiated rates with the host country.*
- I will immediately report the loss or theft of my broadband device as outlined in the Managing PDA and/or Cellular Telephones policy.
- I am responsible for returning the device when it is no longer required to carry out departmental work assignments. I will be required to reimburse the Clinical Center for the purchase of the device(s) if it is not returned at the end of the required work assignment, or when I am transferred or terminated from government service.
- I understand that violating these procedures could result in loss of associated privileges, may be held financially liable for any costs associated with improper use, and/or may result in disciplinary action.

Employee Certification: I certify that I have read the above and that I understand the requirements and agree to adhere to them.

Printed Name

Department

Signature

Date

Desk Phone Number

ID Badge #

Cell Phone Number

Supervisor Certification: I certify that I have reviewed the above with the employee and that he/she understands the requirements and agrees to adhere to them.

Printed Name

Signature

Date

Desk Phone Number